

PATENT
Atty. Docket No.: 2870(203-3505PCTUS)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Philip C. Roy	Examiner:	Thanh K. Truong
Serial No.:	10/528,851	Group:	Art Unit 3721
		Confirmation No.:	6326
Filed:	March 23, 2005	Dated:	June 2, 2008
For:	PNEUMATIC POWERED SURGICAL STAPLING DEVICE		

**Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] No additional fee is required.

The fee has been calculated as shown below:

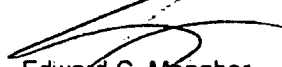
	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA	ADDIT. RATE FEE	OR	RATE	ADDIT. FEE
TOTAL	7*	MINUS 20**	=		X 25	\$		X 50	\$ 0
INDEP.	1*	MINUS 3**	=		X 105	\$		X 210	\$ 0
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					X 185	\$		X 370	\$ 0
					TOTAL			OR TOTAL	\$ 0
					ADDIT. FEE	\$ -0-			

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

[] Please charge Deposit Account No. 21-0550 in the amount of \$_____.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor.

Respectfully submitted,



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ECM/SD/gm